REMARKS

Reconsideration is requested in view of the following remarks. Claims 1 and 4-7 remain pending in the application.

Claims 1 and 4-7 are rejected under 35 USC § 103(a) as being unpatentable over Teraoka (EP 1 048 311) in view of Whisson (US 5,762,632). Applicants respectfully traverse this rejection.

Claim 1 requires a shield tube and a hub to be bendable together at least in a part of a range along an axial direction when a needle protrudes from a front end of the shield tube and is latched to the shield tube so as to be in a puncturing position.

The present hub helps retain and position the needle inside the shield tube by holding the needle with the hub and further makes it easy to connect the needle with an infusion tube through the hub (see, e.g., page 4, lines 2-5 of the specification, among other places). When the needle protrudes from a front end of the shield tube and is inserted in the patient's body, as shown, for example, in Fig. 1, both the shield tube and the hub may be bent and secured to the patient's body. This bendable feature of the shield tube and hub allows the needle device to be bent at a position that is sufficiently close to the needle so that the rest of the needle device can be moved away to make it easy for an additional needle to be inserted (see, e.g., page 4, lines 2-8 of the specification, among other places).

The cited references fails to teach or suggest a shield tube and the hub that are bendable together at least in a part of a range along an axial direction when a needle protrudes from a front end of the shield tube and is latched to the shield tube so as to be in a puncturing position, as required by claim 1. Specifically, Teraoka discusses an injection needle device 1 that includes an injection needle 2 and a cylindrical holder 3 for holding a base end of the injection needle 2 and tightly securing the injection needle 2 (see Teraoka, Fig. 1 and paragraph [0022]). The cylindrical holder 3 in Teraoka is in turn secured to a tube 4 made of polyvinyl chloride resin by a connector 5 (see Teraoka, Fig. 1 and paragraph [0022]). The holder 3, connector 5 and tube 4 act together to tightly

secure the base end of the injection needle 2 to the holder 3 to ensure precise operation of the injection needle 2.

On the other hand, Whisson discusses a needle 12 secured to a base 11, where a user can manipulate the base 11 to effect insertion or removal of the needle 12 (see Whisson, Abstract and Figs. 1 and 5). Whisson also discusses a flexible delivery tube 13 that is received within a flexible duct 23 for delivering medicine to the needle 12 (see Whisson, Abstract and Figs. 1 and 5).

There is no reasonable basis to modify the holder 3 and tube 4 in Teraoka with the flexible delivery tube 13 and flexible duct 23 of Whisson, respectively. In fact, the Whisson flexible delivery tube 13 and the flexible duct 23 would not provide adequate support for the Teraoka injection needle 2.

More specifically, in Teraoka, the injection needle 2 is axially slidable relative to a protector tip 10 by a stretchable member 6 and the tube 4 appears to be the only structure that can be grasped by the hand of the user (see Teraoka, Fig. 1). The hand of the user controls and stabilizes the base end of the injection needle 2 through the combination of the tube 4, the connector 5 and the cylindrical holder 3. If the tube 4 and the cylindrical holder 3 in Teraoka are replaced by the Whisson flexible delivery tube 13 and flexible duct 23, the hand of the user would not be able to stabilize and precisely control the injection needle 2 in Teraoka because of the flexibility of the Whisson delivery tube 13 and flexible duct 23.

Neither the retention elements of the base 11 nor the housing 14 of Whisson would remedy this deficiency. First, the retention elements of the base 11 in Whisson would not be used to provide support in Teraoka. Unlike wings 7 in Teraoka, the wings 16 of the base 11 in Whisson are secured to the needle 12 by a tubular portion 15. The Whisson base 11 is not combinable with Teraoka because if combined, the Teraoka injection needle 2 would not be slidable relative to the protector tip 10. Second, the Whisson housing 14 would not provide adequate support to the Teraoka injection needle 2. Combining the Whisson housing 14 with the Teraoka needle device 1 would not help stabilize the injection needle 2 while allowing the cylindrical holder 3 and tube 4 to be

bendable. The flexibility of the Whisson delivery tube 13 and flexible duct 23 would render Teraoka inoperable for its intended purpose.

For at least these reasons, claim 1 is patentable over Teraoka in view of Whisson. Claims 4-7 depend ultimately from claim 1 and are patentable along with claim 1 and need not be separately distinguished at this time. Applicants are not conceding the relevance of the rejection to the remaining features of the rejected claims.

In view of the above, favorable reconsideration in the form of a notice of allowance is respectfully requested. Any questions regarding this communication can be directed to the undersigned attorney, Douglas P. Mueller, Reg. No. 30,300, at (612) 455-3804.

Respectfully submitted,

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